# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

## APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

### PAY.GOV TRANSACTION DETAILS

#### **IMPORTANT**:

- Complete all required fields (shown in red\*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:*	7. Your Phone Number:			
2. Your Email Address: *	8. Full Case Number (if applicable):			
3. Receipt Agency Tracking ID:*	9. Fee Type:*	<ul> <li>□ Attorney Admission</li> <li>□ Civil Case Filing</li> <li>□ Audio Recording</li> <li>□ Notice of Appeal</li> <li>□ Pro Hac Vice</li> <li>□ Writ of Habeas Corpus</li> </ul>		
4. Transaction Date:*				
5. Transaction Time:*				
6. Transaction Amount (Amount to be refunded):*				
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required.				
<ul> <li>For a duplicate charge, provide the correct receipt number in</li> <li>If you paid a filing fee in an abandoned case number, note that</li> </ul>		ut e-file the refund request in the <b>open</b> case).		

#### ✓ Efile this form using OTHER FILINGS $\rightarrow$ OTHER DOCUMENTS $\rightarrow$ APPLICATION FOR REFUND.

View detailed instructions at: <a href="mailto:cand.uscourts.gov/ecf/payments">cand.uscourts.gov/ecf/payments</a>. For assistance, contact the ECF Help Desk at 1-866-638-7829 or <a href="mailto:ecfhelpdesk@cand.uscourts.gov">ecfhelpdesk@cand.uscourts.gov</a> Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY			
Refund request:  Approved  Denied  Denied — Resubmit amended apple	,		
Approval/denial date:	Request approved/denied by:	By Ana Banares at 1:07 pm, Nov 08, 2023	
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number:	Agency refund tracking ID number:	
Date refund processed:	Refund processed by:		
Reason for denial (if applicable): Please provide the correct to	receipt number in section 10. Please Efile the ap	pplication for refund form	
in the new/open case.			
Referred for OSC date (if applicable):			

#### **CERTIFICATE OF SERVICE**

I hereby certify that on this 8th day of November 2023, a true and correct copy of the preceding Application for Refund was presented and served via electronic filing on the Finance Unit, Office of the Clerk, U.S. District Court, 450 Golden Gate Avenue, P.O. Box 36060, San Francisco, CA 94102.

<u>Isl Michael M Weinkowitz</u> Michael M. Weinkowitz